MOORFIELDS WESTMINSTER & CENTRAL EYE HOSPITAL



Incorporating

ROYAL LONDON OPHTHALMIC HOSPITAL, CITY ROAD, LONDON, E.C.1.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, HIGH HOLBORN, LONDON, W.C.1.

*CENTRAL LONDON OPHTHALMIC HOSPITAL, JUDD STREET, LONDON, W.C.1.

HIS MAJESTY THE KING HER MAJESTY QUEEN MARY

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REPORT FOR THE YEAR 1948

^{*}Now University of London, Institute of Ophthalmology of the British Postgraduate Medical Federation associated with the hospital for postgraduate education and research.

Ann Rep

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MISS M. E. MURTA.

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B. S. CLARKE.

Chief Orthoptists

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MISS D. SALSBURY.

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Assistant Almoners

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A. W. BAKER.

Dispensers

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MISS E. HONNENS.
MISS. S. M. HUMPHREYS.

MISS M. F. DYKE. MISS R. L. MITCHELL.

Physio-therapists

MISS M. BROGAN.

MISS D. PEARSON.

REPORT OF PATIENTS FOR 1948

	Moorfields Branch	Westminster Branch	Total
IN-PATIENTS			
Total number of In-Patients	4,613	2,043	6,656
Average daily complement	191.39	95	286:39
Average number of Beds occupied daily	161:56	81	24 2:56
Average number of days each Patient was resident	12.81	14.6	13:34
Total operations in In-Patient theatres	4,532	2,233	6,765
Out-Patients			
Total number of new Out-Patients	75,660	26,986	102,646
Total attendances of Out-Patients	228,857	102,402	331 ,259
Average daily number of Out- Patients' attendances	745;49	332·3	1,077.79
Special Cases	Num	ber of Attendance	s
Physicians' Department	3,110	459	3,569
Clinical Pathology Department	1,038	-	1,038
Ear, Nose and Throat Department	792		792
X-Ray Department	2,121	56	2,177
Bacteriological Department	5,108	3,774	8,882
Refraction Department for L.C.C. School Children	8,045	1,625	9,670
Venereal Diseases Department	608		608
Physio-therapeutic Department	9,625	6,540	16,165
Orthoptic Department	20,625	11,401	32,026
Voluntary Hospitals Ophthalmic Clinics to 4th July	4,797	1,640	11.402
Refraction Clinics from 5th July	3,903 \ 8,700	$\{1,153\}^{2,793}$	11,493
Contact Lens Clinic	444		444
*Pathological Department	1,863	1,059	2,922
†Medical Illustration	3	3	6
‡Allergy Department		35	35

^{*}Established 4th October, 1948 †Established 8th November, 1948 ‡Established 1st October, 1948

GENERAL INFORMATION

Moorfields Branch, City Road, E.C.1.

OUT-PATIENTS.—Out-Patients are admitted daily (except Sundays, Christmas Day, Good Friday, the Saturday following Good Friday, and Bank Holidays) from 8.30 a.m. The entrance to the Out-Patients' Department is one minute's walk up Peerless Street, and is open until 10 a.m.

Patients in or near London should be at the Hospital at 8.30 a.m.

COUNTRY PATIENTS.—Some places are reserved for Out-Patients coming over thirty miles on the morning of their attendance. They should apply at the front entrance as early as possible before 11 o'clock.

Out-Patients will receive a card and a Surgeon's letter. The Patient must carefully preserve the card; the letter will be kept at the Hospital. If an Out-Patient does not allow an interval of more than ten years to pass without attending at the Hospital, the letter can be found upon presentation of the card.

CASES OF ACCIDENT AND URGENT CASES are admitted at any time at the front entrance in City Road.

IN-PATIENTS.—It is usual for Patients to attend in the first instance as Out-Patients. The Surgeon decides whether it is necessary for a Patient to be received as an Jn-Patient.

VISITORS TO IN-PATIENTS.—Each In-Patient, on being admitted to the Hospital, receives two tickets to allow his friends to visit him, each ticket admitting only one person at a time, but transferable.

Visitors to In-Patients in the General Ward—excluding the Children's Ward—are admitted on Sundays, Mondays, Wednesdays, Fridays and Saturdays from 2.30 to 3.30 p.m.

Eggs, fruit, butter and biscuits may be brought for patients and these are to be given into the care of the Sister, but no other food nor spirits, stimulants, or liquors of any kind are to be brought into the Hospital.

TELEPHONE.—Inquiries about Patients cannot be answered over the telephone except in serious cases.

HOW TO GET TO THE HOSPITAL.—The nearest tube station is OLD STREET, which is close to the Hospital, and is in direct communication with Euston, St. Pancras, King's Cross, London Bridge, Finsbury Park, and the Bank.

The following omnibus passes the Hospital:—43 (143 Sunday service only).

The following omnibus passes close to the Hospital:—76.

The following trolley-buses pass the Hospital:— 609, 615, 639.

The following trolley-buses pass close to the Hospital:—555, 565, 611, 641, 643, 665.

Trolley-buses from King's Cross, Moorgate, "The Angel," Islington, Finsbury Park, Hampstead, Highgate, Highbury, and Holloway, pass the front entrance of the Hospital.

DAYS AND TIMES OF ATTENDANCE OF THE VISITING SURGICAL STAFF:

Mr. J. D. MAGOR CARDELL Mr. J. H. DOGGART Miss Ida Mann Mr. C. Dee Shapland

Monday and Thursday at 8.30 a.m.

Mr. R. C. DAVENPORT Mr. FRANK W. LAW Mr. HAROLD RIDLEY Mr. H. B. STALLARD

Tuesday and Friday at 8.30 a.m.

Mr. Alex. G. Cross Mr. E. F. King Mr. A. G. Leigh Mr. Arthur Lister

Wednesday and Saturday at 8.30 a.m.

Westminster Branch, High Holborn, W.C.1.

OUT-PATIENTS.—Out-Patients are admitted on Mondays to Thursdays between 12 noon and 1.30 p.m., on Fridays between 12 noon and 1.30 p.m., and between 4.30 and 5 p.m., and on Saturday mornings between 9 a.m. and 9.30 a.m. The department is closed on Sundays and Public Holidays, Whit-Saturday, Easter Saturday and the Saturday preceding the August Bank Holiday.

THE CASUALTY DEPARTMENT is open at all times, day and night, to patients in urgent need of treatment.

IN-PATIENTS.—In-Patients are admitted on the recommendation of members of the Visiting Surgical Staff, having, as a rule, attended as Out-Patients in the first instance.

VISITING TIMES.—Visiting times for In-Patients are Monday to Friday, 7.30 p.m. to 8 p.m. Saturday and Sunday, 2 p.m. to 4 p.m. Not more than two visitors are allowed at the bed-side at one time and no children under 12 are admitted to the Wards. Visitors are not permitted in the Children's Ward.

HOW TO GET TO THE HOSPITAL.—The Hospital is at the West End of High Holborn, between Drury Lane and Endell Street. The nearest tube stations are Tottenham Court Road and Holborn (Kingsway). Buses 22 and 38, going along Shaftesbury Avenue, and all buses along New Oxford Street, stop close to the Hospital.

DAYS AND TIMES OF ATTENDANCE OF THE SURGICAL STAFF:

Mr. P. McG. Moffatt
Mr. G. G. Penman
Mr. Frederick Ridley

Mr. C. L. Gimblett
Mr. Eugene Wolff

Mr. T. Keith Lyle
Mr. J. G. Milner

Mr. A. J. B. Goldsmith

Monday and Thursday at 1.30 p.m.

Monday and Thursday at 1.30 p.m.

Tuesday and Friday at 1.30 p.m.

Tuesday at 1.30 p.m., Friday at 5 p.m.

Wednesday at 1.30 p.m., Friday at 5 p.m.

Wednesday at 1.30 p.m., Saturday at

Mr. A. SEYMOUR PHILPS | 9.30 a.m.

INFORMATION APPLICABLE TO BOTH BRANCHES.

PAY-BED ACCOMMODATION.—The Moorfields Branch has 28 private rooms and the Westminster Branch 14 private rooms and 2 cots for the reception of paying patients admitted under the care of members of the Visiting Surgical Staff. Particulars may be obtained from the respective Branches.

DISUSED SPECTACLES.—Disused spectacles with ordinary frames are of no use to the Hospital, as the cost of altering the lenses or frames is greater than the cost of new ones, but gold frames are always acceptable.

REPORTS.—When reports regarding the condition of Patients are required for claims of money, or legal proceedings, the Medical Officers of the Hospital are permitted to receive payment for written reports by them in reference to such cases.

CERTIFICATES.—Certificates of inability to follow employment required by Patients are given on the authorised forms.

Annual Report

OF THE

BOARD OF GOVERNORS

FOR THE YEAR ENDED 31st DECEMBER, 1948.

THE past year can be divided into two well-defined parts, the period to the 4th July, the day on which the Voluntary Hospital system—a heritage of which the British people may for ever be proud—came to an end, and the 5th July to the end of the year, during which it was replaced by the National Health Service which, it is to be hoped, will see in due time the health of the people improved and progress made in all branches of medicine and surgery.

As foreshadowed in the Annual Report of last year, the remaining portion of the Central Branch used for Hospital purposes, the private ward block, was closed down at the end of February, thus making available the whole of the buildings for the necessary structural alterations to convert them for the use of the Institute of Ophthalmology.

In accordance with the provisions of Section 11(8) of the National Health Service Act, 1946, the Hospital was designated "a Teaching Hospital." As such it provides facilities for postgraduate clinical teaching, and has conferred upon it a special status with special responsibility, and is governed by a separate governing body—the Board of Governors.

The change in the constitution of the Hospital brought about by the dissolution of the Board of Management, which was replaced by a Board of Governors appointed by the Minister of Health and includes representatives of the appropriate Regional Boards and other bodies who have close associations with the Health Service, resulted in seventeen members of the Board of Management and the Board of Governors resigning from office during the year. To all these ladies and gentlemen who gave such loyal and unremitting service to the Hospital, the Board of Governors convey an expression of their appreciation. Happily some of them, while not members of the governing body, are able to serve the Hospital on one or more of the Sub-Committees (see page 2).

Particular mention should be made of the valuable services rendered by Sir Harold Morris, who was appointed to the Board of

Management (Moorfields Branch) on the 22nd February, 1932. Sir Harold held the office of Vice-Chairman from 1945 until the scheme of amalgamation took effect on the 1st January, 1947, and he was also a member of the House Committee and of the Medical School Committee (Moorfields Branch). Sir Harold rendered particularly valuable services to the Hospital in connection with the drafting of the Act of Amalgamation, when his legal knowledge was of inestimable value.

The constitution of the Board of Governors at the 31st December is detailed on page 2.

MEDICAL STAFF

Dr. Charles Swan completed his term of office as Pathologist at the end of September, and returned to Australia.

Dr. W. E. M. Armstrong, Bacteriologist, who transferred from the Central Branch and undertook to continue the bacteriological work at the Moorfields Branch, resigned office on the department being transferred to the Department of Pathology at the Institute.

Dr. Norman Ashton was appointed Director of the Department of Pathology established at the Institute, with its facilities greatly extended, on the 1st October, the office being a joint appointment to the Hospital and the Institute.

The following appointments were also made during the year:

Dr. Frank Elliott—Assistant Physician (Westminster Branch).

Dr. Peter Hansell-Officer in charge of Department of Medical Illustration.

Mr. P. D. Trevor-Roper—Assistant Medical Officer Physiotherapy Department (Moorfields Branch).

Dr. M. Lederman—Consulting Radiotherapist.

Mr. J. Gibson Moore—Ophthalmic Registrar to the Radiotherapy Department at the Royal Cancer Hospital.

STATISTICS

		Moorfields	Westminste	r Total
In-Patients		. 4,613	2,043	6,656
Average number of beds occup	oied			
daily	• • •	161.56	81	242.56
Operations in In-Patient theatres	•••	4,532	2,233	6,765
New Out-Patients		75,660	26,986	102,646
Out-Patient attendances	•••	228,857	102,402	331,259
Average daily number of Out-Pat	ient			
attendances	• • •	745.49	332.3	1,077.79
(Full statistics, including details of	the v	vork of the	Special Depa	artments,
are given on page 8.)				

FINANCE

Under the National Health Service Act the Hospital became vested in the Minister of Health on the 5th July and its maintenance became the responsibility of the Ministry of Health. As a teaching Hospital the Board of Governors were enabled to retain such funds as were available on the 4th July, and the amounts in hand on the day of the transfer were as follows:—

General Fund: Cash £14,075

Investments £8,252 £32,327

In addition the Hospital held investments to the value of the following:

Permanent Endowment Fund £58,075

Special Funds $\mathcal{L}26,512$

FUTURE DEVELOPMENT

The transfer of the laboratory facilities from the Hospitals to the Institute will enable 41 additional general ward beds to be provided by the conversion of laboratories to ward purposes at the two Branches (24 Moorfields Branch, 17 Westminster Branch), and it is anticipated that it will be possible to begin structural alterations with regard to the former project early in the New Year. Inaddition, it is hoped that it will be possible to begin the rebuilding of Block "K," Moorfields Branch, which was totally destroyed by a flying bomb in July, 1944, which will enable the bed complement to be further increased.

The Board of Governors have for some time been negotiating for the purchase of a *large hotel for use as a Nurses' Home, which will provide the necessary accommodation for the increased number of nurses, and will at the same time free certain parts of the Hospital for much needed additional space, and it is confidently hoped that the negotiations will be completed early in the New Year.

*NOTE.—The Board are pleased to report that the Royal Stuart Hotel (renamed Stuart House), Cromwell Road, S.W.7, was acquired on the 1st March, 1949, and they take this opportunity of thanking the Ministry of Health for making the necessary provision for the nursing staff.

INSTITUTE OF OPHTHALMOLOGY

In the late autumn the conversion of the Central Branch for use as the Institute of Ophthalmology was completed and the Institute (a Federated Institute of the British Postgraduate Federation of London) was formally opened on the 4th November by the Right Hon. the Earl of Rothes, Chairman of the Committee of Management of the Institute.

The occasion was marked by the presence of three guest speakers, Sir John H. Parsons, F.R.S., Dr. Alan C. Woods and Prof. H. J. M. Weve, representing British, American and European Ophthalmology.

The new Institute comprises a building of six floors, of which the basement is given over to a cafeteria, kitchen, students' sitting rooms and cloakrooms, technicians' rooms, workshops and store rooms. On the ground floor are the administrative offices and a department for clinical teaching and research clinics. A small orthoptic department has been retained for research purposes. The first floor houses a large department for medical illustration, equipped and staffed for photography in all branches, including fundus photography, cinematography and fundus drawing, and also contains a suite of rooms for the more elaborate types of clinical research. On the floor above are the library and museum, built up from the material available from the three parent hospitals, offices for the British Journal of Ophthalmology and Ophthalmic Literature, and a lecture hall to hold 100. Laboratories for morbid histology, bacteriology and allergy occupy the major part of the third floor. The remainder of the building is occupied by twenty-three laboratories fitted up for research in physiological optics, physiology, electro-physiology, bio-chemistry and radiography, with appropriate technicians' rooms, operating theatre, five animal rooms and appropriate accessories. In the session at the time of the official opening of the Institute there were 126 postgraduate students from many countries of the world, and on its staff were 15 full-time research workers.

Thus has come into being a factor of vital importance to ophthalmology and one which it is hoped will be destined to raise the standard and increase the volume of post-graduate education and stimulate research to the eventual benefit of mankind.

SCHOOL DEPOSITE OF STREET

LUKE,

Chairman of the Board of Governors.

A. J. M. TARRANT,

House Governor.

MR. THEODORE W. LULING

With the inception of the National Health Service, the members of the Board of Management and the staff of the Hospital felt that it was fitting that an acknowledgment should be made to Mr. Luling for his services to Moorfields, extending over a period of nearly 35 years. At the conclusion of the meeting of the House Committee on the 15th June, Sir Harold Morris made a presentation to Mr. Luling of books and other gifts from members of the Board and staff, together with an address, the wording of which well records the services rendered to the Hospital by Mr. Luling:

"Mr. Theodore W. Luling has been associated with 'Moorfields' for nearly thirty-five years. Appointed to the Committee of Management in October, 1913, he became the Chairman in April, 1921, and President of Moorfields, Westminster and Central Eye Hospital on its inception in January, 1947. The hospitals are on the threshold of passing into the hands of the State and no better time could therefore be chosen to pay tribute to one who for so many years has rendered service in the highest tradition of the Voluntary Hospital System.

There is no need for any re-statement of the progress made by the hospital under Mr. Luling's guidance. The evidence stands in the brick and stone of the Private Ward Block and the King George V. Extension. Mr. Luling's high conception of his duties as Chairman made him familiar with every activity that went to make up daily life at 'Moorfields,' and he was concerned with the welfare of everyone connected with the hospital. It is fitting, therefore, that this tribute should come, not only from his colleagues who have served with him on various Committees, not only from the Medical Staff with whom he has been so closely associated, but from the Nursing Staff, the Administrative Staff, the Works Department and Engineering Staff, the Portering Staff and the Domestic Staff.

Although in the nature of things a hospital's personnel is a changing one, there are those among us who have known Mr. Luling during the greater part of his association with 'Moorfields.' Thirty-five years make a long span and during those years respect has become affection and it is in that spirit that we who have written our names here ask him to accept

a gift from us as a token of our goodwill."

Mr. Luling was appointed Honorary President of the Hospital at the meeting of the Board of Governors on 27th January, 1949.

SURGICAL REPORT FOR 1948

IN-PATIENTS

	Moorfields	Westminster	Tota
Total number of In-Patients	4,613	2,043	6,656
Average daily complement of beds			
during year	191.3 9	95	286 .3 9
Average number of beds occupied			
daily	161.56	81	242.56
Average number of days each patient			
was resident	12.81	14.6	13.34
, , , , , , , , , , , , , , , , , , ,	2-2	- 110	10.0
OUT-PA	TIENTS		
New Out-Patients	75,660	26,986	102,646
Out-Patient attendances	228,857	102,402	331,259
Average daily number of Out-Patient	220,007	102,102	551,255
attendances	745.49	332.3	1,077.79
attendances	173 . 47	334,3	1,077.79

MOORFIELDS BRANCH

ABSTRACT OF DISEASES AND INJURIES OF IN-PATIENTS GENERAL WARD PATIENTS

Lids-

Abscess	•••	•••		•••	•••		10
Ankylobleph	naron, con	genital	•••	•••	•••	•••	1
Atropine irr		•••			•••	•••	2
Burns	•••					•••	2
Chalazion	•••				•••	•••	1
Chemosis	•••				• • •		1
Coloboma	•••						1
Deformity o			•••				1
Dermoid		•••	•••	•••	•••	•••	î
Ectropion:	Cicatricial		•••	•••	•••	•••	3
Ectropion.	Senile	•••	•••	•••	•••	•••	5
		•••	•••	•••	•••	•••	
T	Spastic	•••	•••	•••	•••	•••	1
Entropion:			•••	•••	•••	•••	4
	Congenita	.i	•••	•••	•••	•••	3
	Spastic	•••	•••	•••	•••	• • •	2
Granuloma	• • •	•••	•••	•••	•••	•••	1
Herpes opht	halmicus	•••		•••	• • •		4
Lagophthaln			•••			•••	1
Melanoma			• • •	•••	•••		2
Naevus	•••	•••	•••	•••	•••	•••	1
Papilloma							1
	ngenital						34
	quired						5
Rodent Ulce			•••	•••	•••	•••	1
Scar tissue		***	•••	•••	•••	• • •	î
		•••	•••	•••	•••	• • •	1
Sebaceous cy			•••	•••	•••	• • •	
Symblephare	on, acquire	a	***	•••	•••	•••	8
Trichiasis	•••	•••	•••	•••	•••	•••	6
Wounds	• • •	•••	•••	•••	•••	•••	9
Xanthoma	•••	•••	•••	• • •	•••	•••	2

Lachrymal Apparatus-

Lachrymal Apparatus—						
Abagasa of lash mina	1					0
Abscess of lachryma		•••	•••	•••	•••	8 3
Dacryoadenitis, acu		•••	• • •	• • •	•••	21
Dacryocystitis: Ac	ronic	•••	• • •	•••	•••	
		•••	•••	•••	•••	11
Epiphora	•••	•••	•••	•••	•••	1
Injury to canaliculu		•••	•••	•••	•••	
Lachrymal obstruct	ion	•••	• • •	•••	•••	40
Mucocoele of sac	•••	•••	* * *	•••	•••	21
Occluded canalicula		•••	•••	•••	•••	2
Occluded punctum	1	•••	•••	•••	•••	1
Swelling of lachryn		• • •	•••	•••	•••	1 2
Tumour of lachrym	iai giand	•••	•••	•••	•••	2
Orbit—						
0,0,,						•
Abscess of socket	•••		•••			4
Bruising of orbital	margin	444				1
Cellulitis						7
Contracted socket	•••	•••	•••	• • •	•••	11
Creat	•••	•••	* * *	•••	•••	
Dense fibrous tissue	· · ·	•••	•••	•••	• • •	2 2 3 1 2 1
D!.1		•••	•••	• • •	•••	2
	h	•••	***	•••	***	1
Displaced glass glo	be	• • •	•••	•••	•••	1
Foreign body	• • •	•••	•••	•••	•••	4
Sarcoma	•••	•••	•••	•••	•••	1
Tenonitis	•••	•••	• • •	•••	***	1
Cloha						
Globe						
						1
Atrophia bulbi	 Irunken	•••	•••		•••	1 15
Atrophia bulbi Blind, painful or sh	 irunken	•••	•••	•••	•••	15
Atrophia bulbi Blind, painful or sh Burns : Acid	 nrunken 	•••		•••	•••	15 2
Atrophia bulbi Blind, painful or sh Burns : Acid Ammonia	•••			•••	•••	15 2 1
Atrophia bulbi Blind, painful or sh Burns : Acid Ammonia Caustic	 nrunken 				•••	15 2 1 4
Atrophia bulbi Blind, painful or sh Burns : Acid Ammonia Caustic Chemical	•••					15 2 1 4 2
Atrophia bulbi Blind, painful or sh Burns : Acid Ammonia Caustic Chemical Gas	•••					15 2 1 4 2 1
Atrophia bulbi Blind, painful or sh Burns: Acid Ammonia Caustic Chemical Gas Gun powd	•••					15 2 1 4 2 1 1
Atrophia bulbi Blind, painful or sh Burns: Acid Ammonia Caustic Chemical Gas Gun powd Lime	•••					15 2 1 4 2 1 1
Atrophia bulbi Blind, painful or sh Burns: Acid Ammonia Caustic Chemical Gas Gun powd Lime Metal	er					15 2 1 4 2 1 1 2
Atrophia bulbi Blind, painful or sh Burns: Acid Ammonia Caustic Chemical Gas Gun powd Lime Metal Scalding w	er					15 2 1 4 2 1 1 2 1
Atrophia bulbi Blind, painful or sh Burns: Acid Ammonia Caustic Chemical Gas Gun powd Lime Metal Scalding w Others	er					15 2 1 4 2 1 1 2 1
Atrophia bulbi Blind, painful or sh Burns: Acid Ammonia Caustic Chemical Gas Gun powd Lime Metal Scalding w Others Contusion	er ater					15 2 1 4 2 1 1 2 1
Atrophia bulbi Blind, painful or sh Burns: Acid Ammonia Caustic Chemical Gas Gun powd Lime Metal Scalding w Others Contusion Endophthalmitis	er					15 2 1 4 2 1 1 2 1
Atrophia bulbi Blind, painful or sh Burns: Acid Ammonia Caustic Chemical Gas Gun powd Lime Metal Scalding w Others Contusion Endophthalmitis Hydrophthalmia	er					15 2 1 4 2 1 1 1 2 3 3
Atrophia bulbi Blind, painful or sh Burns: Acid Ammonia Caustic Chemical Gas Gun powd Lime Metal Scalding w Others Contusion Endophthalmitis Hydrophthalmia Intra-ocular foreign	er ater					15 2 1 4 2 1 1 1 2 3 3 85
Atrophia bulbi Blind, painful or sh Burns: Acid Ammonia Caustic Chemical Gas Gun powd Lime Metal Scalding w Others Contusion Endophthalmitis Hydrophthalmia	er ater	 Expuls	ive			15 2 1 4 2 1 1 2 1 1 2 3 85
Atrophia bulbi Blind, painful or sh Burns: Acid Ammonia Caustic Chemical Gas Gun powd Lime Metal Scalding w Others Contusion Endophthalmitis Hydrophthalmia Intra-ocular foreign	er ater	 Expuls Hyphae	ive ema			15 2 1 4 2 1 1 1 2 3 3 85 1 36
Atrophia bulbi Blind, painful or sh Burns: Acid Ammonia Caustic Chemical Gas Gun powd Lime Metal Scalding w Others Contusion Endophthalmitis Hydrophthalmia Intra-ocular foreign	er ater	 Expuls	ive ema			15 2 1 4 2 1 1 1 2 3 3 85 1 36 8
Atrophia bulbi Blind, painful or sh Burns: Acid Ammonia Caustic Chemical Gas Gun powd Lime Metal Scalding w Others Contusion Endophthalmitis Hydrophthalmia Intra-ocular foreign Intra-ocular haemo	er ater	 Expuls Hyphae	ive ema			15 2 1 4 2 1 1 1 2 3 3 85 1 36 8
Atrophia bulbi Blind, painful or sh Burns: Acid Ammonia Caustic Chemical Gas Gun powd Lime Metal Scalding w Others Contusion Endophthalmitis Hydrophthalmia Intra-ocular foreign Intra-ocular haemo Microphthalmos Nystagmus	er ater	 Expuls Hyphae	ive ema			15 2 1 4 2 1 1 1 2 3 85 1 36 8
Atrophia bulbi Blind, painful or sh Burns: Acid Ammonia Caustic Chemical Gas Gun powd Lime Metal Scalding w Others Contusion Endophthalmitis Hydrophthalmia Intra-ocular foreign Intra-ocular haemo Microphthalmos Nystagmus Panophthalmitis	er ater	 Expuls Hyphae	ive ema			15 2 1 4 2 1 1 1 2 3 3 85 1 36 8 6
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Atrophia bulbi Blind, painful or sh Burns: Acid Ammonia Caustic Chemical Gas Gun powd Lime Metal Scalding w Others Contusion Endophthalmitis Hydrophthalmia Intra-ocular foreign Intra-ocular haemo Microphthalmos Nystagmus Panophthalmitis	er ater	 Expuls Hyphae	ive ema			15 2 1 4 2 1 1 1 2 3 3 85 1 36 8 6
Atrophia bulbi Blind, painful or sh Burns: Acid Ammonia Caustic Chemical Gas Gun powd Lime Metal Scalding w Others Contusion Endophthalmitis Hydrophthalmia Intra-ocular foreign Intra-ocular haemo Microphthalmitis Nystagmus Panophthalmitis Phthisis bulbi	ater ater	 Expuls Hyphae	ive ema			15 2 1 4 2 1 1 1 2 3 3 85 1 36 8 6 1 1 1 2 3
Atrophia bulbi Blind, painful or sh Burns: Acid Ammonia Caustic Chemical Gas Gun powd Lime Metal Scalding w Others Contusion Endophthalmitis Hydrophthalmia Intra-ocular foreign Intra-ocular haemo Microphthalmitis Panophthalmitis Phthisis bulbi Proptosis	ater ater	 Expuls Hyphae	ive ema			15 2 1 4 2 1 1 1 2 3 3 85 1 36 8 6 1 1 1 2

Conjunctiva— Burn Conjunctivitis: Acute 2 Allergic . . . Follicular Kerato-. Muco-purulent 5 Ophthalmia neonatorum Spring catarrh ... Trachomatous Not specified 7 Dermoid cyst 5 Melanoma Naevus ... 1 Nodule ... 1 ... 4 Pterygium 1 Pterygium, pseudo-... Subconjunctival haemorrhage . . . 5 Wounds . . . Cornea— Abscess 7 Abrasion | Buphthalmos 11 Burns ٠.. 1 Degeneration Descemetocoele 1 3 Foreign body 3 Herpes corneae 1 Infiltrate Keratitis: Acne 1 2 Bullous • • • 13 Deep 3 Disciform Hypopyon 20 Interstitial 1 Marginal 3 Mustard Gas Neuropathic Sclero-. Sclerosing Superficial punctate • • • Not specified . . . Ulcerative 2 Leucoma 3 Leucoma adherens Nebula ... 17 1 Oedema 2 Opacities... 1 Opaque cornea ... 4 Transverse calcareous band ... 23 Ulcer: Central Dendritic 8 63 Hypopyon 15 Marginal 3 Mooren's • • • 1 Peripheral 3 Simple

	Wounds:	Non-perfor Perforating Perforating		•••	 rolapse	•••		5 69 57
		Perforating					•••	1
Sclar	otic—							
36161	Episcleritis						, "	1
		 staphyloma		• • •	•••	•••	•••	1
	Scleritis	• •••		•••	•••	•••	•••	2.
		Perforating		•••	•••	•••	•••	9
		Perforating				•••		4
		Perforating	with	vitre	ous prola	apse	•••	1
Ocul	ar Muscles-	_						
Oum		nt strabismu	16 · A	lterna	ting			138
	Concomma	it stranisme		onver		•••	•••	390
				iverg				63
	Diplopia		•••		•••	•••	**,•••	2
		of inferior		ue	•••	• • •	•••	2 3 1
	Paralytic st		•••	•••	•••	•••		2
	Paresis Wounds	•••	•••	•••	•••	•••		1
	Woulds	•••	•••	•••	1	• • • •	•••	1
Iris	and Ciliary	Body						
	Bombée		•••	•••	• • •	•••		1
	Cyclitis		•••	•••				7
	Iridocycliti		•••	•••	•••	•••	•••	18
		Chronic	•••	• • •	•••	•••	•••	24
		Kerato-	. 4.	•••	•••	•••	•••	5
		Quiescer Sympath		•••	•••	•••	•••	10
	Iridodonesi			•••	•••	•••	•••	1
	Iritis: Acu		•••	•••	•••	•••		39
		onic	•••	•••			•••	5
		orrhoeal	•••	•••	• • •	•••		1
		opyon .	•••	• • •	•••	•••		2 2 1
		-operative	•••	•••	•••	•••	•••	2
	Melanoma	escent of iris	•••	•••	•••	•••	•••	2
	Naevus		•••	•••	•••	•••	•••	2
		pupillary n	 nargir	of in	is	• • • •	•••	1
	Sarcoidosis			•••	•••			1
	Synechiae:		•••	•••	•••		;•••	6
	TT	Posterior	•••	•••	•••	• • •		4
	Uveitis	• • • •	•••	•••	•••	•••		` 14
Lens	-							
110743		Complicated						75
		Concussion		•••	•••	•••	.3.7	2
		Congenital	•••				•••	86
		Coronary	•••	• • •	•••		`	2
		Diabetic	•••		•••	•••		28
		Dystrophia 1	•	onica	•••	•••	•••	2
		Familial	•••	•••	•••	•••	• • •	1 16
		Lamellar Morgagnian	•••	• • •	•••	• • •	•••	3
		Posterior po		***			• • •	4
		Nature unkr		•••	•••		•••	4
		Senile	• • •	•••				193

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		umatic	• • •	•••	•••	•••	•••	90
	Un	ilateral	•••	•••		•••		2
	Dislocation, t	raumatic		•••				4
	Retrolental fil				•••	•••	•••	1
	itelioientai iii	Olopiasia	•••	•••	•••	•••	•••	1
T 7.,								
Viir	eous							
	Opacities							2
	F		***	•••	•••	•••	•••	
Char	oid							
Chor								
	Carcinoma	•••	• • •		• • •	•••	•••	1
	Choroiditis:	Acute						3
		Anterior				• • •	•••	3
		Dissemin		•••	•••	•••	•••	1
				•••	•••	•••	•••	1
		Juxtapap		•••	•••	•••	•••	3
		Quiescen	it	•••	• • •	•••	• • •	2
	Choroido-reti	initis	•••		• • •		• • •	1
	Degeneration		•••			• • •	• • •	1
	Detachment							1
	Haemorrhage					•••		2
			•••	•••	•••	•••	•••	15
	Malignant me		•••	• • •	•••	•••	•••	
	Retinitis pigi	mentosa	•••	•••	•••	• • •	•••	1
	Rupture	•••	•••		• • •	• • •	•••	1
Retin	na							
	A							1
	Angioma			•••	•••	• • •	• • •	4
	Choroido-reti	inal hypo	plasia	•••	•••	•••	• • •	3
	Commotio	•••	•••	• • •	• • •	•••		18
	Detachment	•••	•••	•••		• • •		327
	Eales' Disease	e	•••					1
	Glioma	•••				•••	•••	13
			•••	•••	•••	•••	• • •	1
	Haemorrhage			•••	• • •	•••	• • •	
	0.1	Subhy	aroid	•••	• • •	• • •	• • •	1
		lacular	•••	•••	• • •	• • •	• • •	4
	A	ngio-spas	tic	•••	• • •	• • •	• • •	1
	Pseudogliom:	a	• • •					4
	Retinitis: C	horoido-	• • •					3
		xudative						1
		leuro-	•••	•••	•••	•••	•••	1
		roliferans	•••	• • •	• • •	•••	•••	
				• • •	• • •	•••	•••	1
		nbolism	•••	• • •	• • •	•••	• • •	2
		rombosis	•••	•••	• • •	•••	•••	2 5 1
	Spa	asm	•••	• • •	• • •	• • •	• • •	
	Von-Hippel-	Lindau's 🛚	Disease		•••	•••		1
	* *							
Opti	ic Nerve—							
1	Optic atroph	y: Bilate	ara 1					1
	Optic attopit			• • •	• • •	•••	•••	_
		Parti		• • •	• • •	• • •	•••	1
		Prim	ary	•••	• • •	•••	• • •	1
	Retrobulbar i	neuritis	• • •	•••	•••	•••	• • •	1
Glai	ucoma							
	Complicated							7
	Congestive	•••						1
	77 - 11 - 1		•••	• • •	•••	•••	• • •	2
			• • •	• • •	• • •	•••	• • •	7
	Primary: Ab		•••	•••	•••	•••	• • •	
		ute	•••	•••	•••	•••	•••	143
		ronic	•••	• • •	•••	• • •	•••	209
	Inf	fantile	• • •			•••		1
	Su	b-acute						20

	Secondary Thrombotic	•••	•••	•••	•••	•••		16 11
	THOMBOUC	•••	•••	•••	•••	•••	•••	11
Misa	cellaneous							
	Frontal sinusitis	, acute		•••	•••		•••	1
	Discharging sin		•••	•••	•••	•••	•••	1
	Encephalo-opht	halmic	syndro	ome	•••	•••	•••	1
,								
ABSTRA	ACT OF DISEA	ASES .	AND	INJUR	IES C	F IN-	PATI	ENTS
	P .	RIVA	re pa	TIEN	TS			
Lids	***************************************							
	Abscess							1
	Chalazion	•••	•••	•••	•••		•••	2
	Congenital abse			•••	•••	•••	•••	1
	Deep prolongat		lid	•••	•••	•••	•••	1
	J	•••	•••	•••	•••	•••	•••	1
	Dermo-lipoma		•••	•••	•••	•••	•••	1
	Ectropion, senil Entropion, spas		•••	•••	• • •	•••	•••	2
		•••		•••	•••	•••	•••	4
	Haemangioma		•••	•••	•••	•••	•••	1
	Herpes ophthali		•••	•••	•••	•••	•••	2
	Meibomian cyst		•••	•••	•••	•••	•••	1
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	Lagrange sclerectomy	•••	• • •	•••	•••	• • •	1
	Neame's operation	• • •	•••	• • •	• • •	• • •	2
		• • •	•••	•••	• • •	• • •	1
	Posterior sclerotomy	• • •			• • •		3
	Resection of sclera		•••	•••			1
	Scleral ring, removal	•••					1
	Section of sclera						4
	Suture						4
	Trephine	• • •					45
	Trephine with complete	te iride	ctomy				29
	Trephine with periphe						140
	Wounds, repair		occomy		•••	-	4
	wouldes, repair	•••	•••	•••	•••	•••	
Ocul	lar Muscles-						
	Advancement	• • •					27
	Advancement and rece	ession	•••				247
	Advancement and tend	otomy					46
	Myectomy	•••					20
	Myotomy		•••				1
	Reattachment of interr	nal rect					16
	T .						163
	Recession and resectio						85
	Recession and tenoton			•••	•••		1
	t Ti	•	•••	•••	•••	•••	2
		•••	•••	• • •	•••	•••	20
		•••	•••	•••	•••	•••	4
	Tenotomy and resection	711	•••	•••	•••	•••	4

2713	and Ciliary Bo	dy						
	Abscission of	f iris pro	olapse		•••		•••	103
	Abscission of	f uveal t	orolans		•••		•••	1
	Abscission of	f vitreoi	is prol	apse			•••	2
	Cyclodialysis		_	_		•••		49
	Division of a				•••	•••		20
	Division of p							1
	Iridectomy:			.XXIC	•••	•••	• • •	13
	indectoring.	Glauco		•••	• • •	•••	•••	101
		Graefe		•••	•••	• • •	•••	2
		Kerator		•••	•••	•••	•••	11
		Optical		•••	•••	•••	•••	3
	Iridencleisis	•		•••	•••	•••	•••	33
	Iridotomy	•••	• • •	•••	•••	• • •	•••	17
		•••	•••	•••	•••	•••	•••	
	Iris, repositio			••• •••	•••	• • •	. •••	1
	Replacement		•		• • •	•••	•••	1
	Replacement			•••	•••	•:•	•••	10
	Reposition of	t iris pro	Diapse	•••	•••	• • •	•••	10
-								
Len.	5							
	Capsulotomy		•••					279
	Curette evacu		•••	•••	•••	•••	•••	24
	Extraction, es							62
	Zirtiuction, c.	ntincapo	, with t		eral irid			310
				Simple				310
	Extraction, in	ntracans:	ular	*			•••	263
	Freeing of lea			n corne	al won	nd	•••	203
	Linear extrac		ile IIO		lai wou			2
	Linear extrac	tion	•••	•••	•••	•••	•••	
	Needling							121
	_	···	•••	•••	•••	•••	•••	121
	Scoop extract	tion	•••	•••	•••	•••	•••	14
		tion	•••	•••	•••		•••	
	Scoop extract Transillumina	tion	•••	•••	•••		•••	14
Misa	Scoop extract	tion	•••	•••	•••		•••	14
Mis	Scoop extract Transillumina cellaneous—	tion ation	* * *	 lin to c	 		•••	14
Misa	Scoop extract Transillumina cellaneous— Application of	tion ation of solid	 penicil				•••	14 3
Misa	Scoop extract Transillumina cellaneous— Application of Application of	tion ation of solid	 penicil penicil				•••	14 3 1
Mis	Scoop extract Transillumina cellaneous— Application of Application of Biopsy	of solid	 penicil penicil	lin to li 				14 3
Mis	Scoop extract Transillumina cellaneous— Application of Application of Biopsy Goniotomy	of solid	penicil penicil 	lin to li 	id 			14 3 1 1 1 9
Misa	Scoop extract Transillumina cellaneous— Application of Application of Biopsy Goniotomy Injection of a	of solid of	penicil penicil Tenon	lin to li s capsul	id le			14 3 1 1 1 9 2
Miso	Scoop extract Transillumina cellaneous— Application of Application of Biopsy Goniotomy Injection of a Injection of p	of solid job solid j	penicil penicil Tenon	lin to li	id le 			14 3 1 1 1 9 2 2
Mis	Scoop extract Transillumina cellaneous— Application of Application of Biopsy Goniotomy Injection of a Injection of p	of solid of	penicil penicil Fenon n n to M	lin to li s capsu feibomi	id le ian cyst			14 3 1 1 1 9 2 2 1
Mis	Scoop extract Transillumina cellaneous— Application of Application of Biopsy Goniotomy Injection of a Injection of p Injection of p	of solid points of solid points of solid points of the control of	penicil penicil Tenon n n to M	lin to li s capsul leibomi to corr	id le ian cyst neal ma	 rginal	 ulcer	14 3 1 1 1 9 2 2 2 1 1
Mis	Scoop extract Transillumina cellaneous— Application of Application of Biopsy Goniotomy Injection of a Injection of p Injection of p Injection of p Injection of p Injection of p	of solid of	penicil penicil Tenon i n to M nicillin	lin to li	id le ian cyst neal ma			14 3 1 1 1 9 2 2 2 1 1 1
Mis	Application of Application of a Injection of a Inje	of solid of	penicil penicil I'enon to Maicillin on of p	lin to li	id le ian cyst neal ma	 rginal	 ulcer	14 3 1 1 1 2 2 2 1 1 1 1
Mis	Application of Applic	of solid portion of solid portion of solid portions of solid portions of solid portions injections of solid portions of	penicil penicil Tenon to Maicillin on of periodera	lin to li	id le ian cyst neal ma n	 rginal	 ulcer	14 3 1 1 1 1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1
Mis	Scoop extract Transillumina Cellaneous— Application of Application of Biopsy Goniotomy Injection of p Injection of p Injection of p Injection of p Injection of p Intra-vitreous Methylene blank. N.A.B. inject	of solid points in into a conscious interest.	penicil penicil Tenon n n to M nicillin on of p	lin to li	id le ian cyst neal ma n	 rginal	 ulcer	14 3 1 1 1 2 2 2 1 1 1 1 3 1 1 1 1 1 1 1 1
Mis	Application of Application of Application of Application of a Injection of a Inje	of solid of	penicil penicil renon to M icillin on of pericinal renon of pericinal	lin to li	id le ian cyst neal ma n	 rginal	 ulcer	14 3 1 1 1 1 2 2 2 1 1 1 1 1 3 1 1 1 1 1 1
Mis	Application of Applic	of solid of	penicil penicil renon to M icillin on of p sclera or chan	lin to li	id le ian cyst neal ma n	 rginal	 ulcer 	14 3 1 1 1 1 2 2 2 1 1 1 1 1 3 1 1 1 1 1 1
Miss	Application of Applic	of solid of	penicil penicil Tenon n n to M nicillin on of p sclera or chan oval	lin to li	id le ian cyst neal ma n ctraction	 rginal	 ulcer	14 3 1 1 1 1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1
Miss	Application of Application of Application of Biopsy Goniotomy Injection of a Injection of projection of projec	of solid portion of solid portion of solid portions injection of anterioues, insertions ashes from	penicil penicil Tenon n to M nicillin on of p sclera or chan ertion oval	s capsulate corrections correctly correctl	id le ian cyst neal ma n ctraction hamber	rginal	 ulcer 	14 3 1 1 1 1 1 1 3 1 1 1 1 1 1 2
Miss	Application of Applic	of solid portion of solid portion of solid portions of solid porti	penicil penicil Tenon n to M nicillin on of p sclera or char ertion oval om and rhage	s capsulate correction	id le ian cyst neal ma n ktraction hamber	rginal	 ulcer 	144 3 11 11 12 2 2 2 1 1 1 1 1 1 1 1 1 1 1
Mis	Application of Applic	of solid portion of solid portion of solid portions of solid penicilling our p	penicil penicil I'enon n to M nicillin on of p sclera or char crtion oval om and rhage y nerv	lin to li s capsul to corr benicilli nber, ex	id le ian cyst neal ma n xtraction hamber	rginal	 ulcer 	14 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mis	Application of Applic	of solid portion of solid portion of solid portions of solid portions of injection of anterior anterior as insert citiary val injection of solid portions of	penicil penicil Tenon n n to M nicillin on of p sclera or char ertion oval om and thage y nerve	lin to ling to capsulate to correction control correction correction control correction control correction c	id le ian cyst neal ma n ctraction hamber illin	 rginal	 ulcer 	144 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mis	Application of Applic	of solid portion of solid portion of solid portions of solid portions injection of anterior as in section of anterior as from the solid portions of anterior as from the solid portions of solid	penicil penicil penicil renon of postera retion oval om anothing perion of perion of perion oval retion oval retio	lin to ling to capsulate to correction control correction correction control correction control correction c	id le ian cyst neal ma n ctraction hamber illin	 rginal	 ulcer 	14 3 1 1 1 1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1
Mis	Application of Applic	of solid portion of solid portion of solid portions of solid porti	penicil penicil penicil penicil penicil no long to long and control penicilling of pericion of the penicil pen	lin to ling s capsulate correction corre	id le ian cyst neal ma n ctraction hamber illin	 rginal	 ulcer 	144 3 11 11 12 2 11 11 12 11 12 11 11
Miss	Application of Applic	of solid portion of solid portion of solid portions of solid porti	penicil penicil I'enon n to M nicillin on of p sclera or char crtion oval om and rhage y nervetion of the crtion of the	lin to li	id le ian cyst neal ma n ctraction hamber illin	 rginal	 ulcer 	144 3 11 11 12 2 2 1 1 1 1 1 1 1 2 1 1 1 1
Mis	Application of Applic	of solid portion of solid portion of solid portions of solid portions of injection of land portions of solid portions of solid portions of land portion of lan	penicil penicil Tenon to M icillin on of p sclera or char crtion oval om and rhage y nerve tion of tion of tion of tion of the crtion	lin to li s capsul feibomi to corr benicilli the corr benicilli terior cl es f penici f penici	id le ian cyst neal ma n ctraction hamber illin illin and	 rginal	 ulcer 	144 3 11 11 12 2 11 11 12 11 12 11 11

General Anaesthetics-

Ether	•••				5
Ethyl chloride	•••				130
Ethyl chloride and ether	•••		•••		80
Nitrous oxide Gas, oxygen and ether Pentothal	•••	•••	•••	•••	284 157

OPERATIONS PERFORMED IN THE IN-PATIENT THEATRES PRIVATE WARD PATIENTS

Lids— 2 Cautery ... Chalazion, incision and curettage 39 Concretions, removal • • • Cyst, removal • • • • • • Ectropion, Snellen's sutures ... • • • ... Entropion, skin and muscle ... 6 Limbal growth, excision 1 • • • 1 Lipoma, excision Meibomian cyst, removal Mole, removal Myloid, incision Papilloma, excision Plastic Lipoma, excision 2 • • • ... 1 3 • • • • • • Ptosis, Blaskowicz ... 1 2 Rodent ulcer, excision 2 Sebaceous cyst, excision • • • • • • ... 1 Suture, removal • • • ... • • • • • • Tarsorrhaphy ... • • • • • • • • • ... Tarsorrhaphy, division 1 • • • 1 Tumour, excision ... Wart, removal 1 ... Wounds, suture 2 Xanthoma, excision ... 2 Lachrymal Apparatus— 1 Dacryocystectomy ... Dacryocystitis: Dacryocystorhinostomy 3 4 Probing of nasal duct ... Everted Punctum, cautery 1 Syringing of lachrymal sac 10 Orbit-2 Contracted socket, plastic Exploratory incision ... 1 • • • Globe-1 Cautery to socket Enucleation ... 1 Excision 15 Excision, insertion of globe 2 1 Evacuation of hyphaema 3 Mucous graft to socket Thiersch graft to socket

Con	junctiva—						
•	C : .: 10						2
	Cyst, excision		•••	• • •	•••	•••	2
			• • •	• • •	•••	•••	1
	Dermoid cyst, excision		• • •	• • •	•••	• • •	
	Granuloma, excision		• • •	•••	•••	•••	1
	Naevus, removal	•••	• • •	•••	•••	•••	2
	Pterygium, transplanta	ttion	•••	•••	•••	•••	1
	Suture, removal	• • •	• • •	•••	• • •	• • •	2
Cori	nea						
	Amniotic graft						1
	Foreign body, remova		•••	•••	•••	• • •	
	Paracentesis		• • •	•••	•••	•••	5 1
	Suture	• • •	•••	•••	•••	• • •	1
	Suture, removal	•••	• • •	•••	•••	• • •	13
	Tattooing of leucoma	• • •	•••	•••	•••	• • •	1
	Ulcer: Carbolization	•••	•••	•••	•••	• • •	4
	Cauterization		•••	•••	• • •	• • •	2
	Paracentesis	•••	•••	• • •	• • •	•••	1
	A.C. Wash-ou	···	• • •	•••	• • •	• • •	
	A.C. wasn-ou	ι	• • •	• • •	• • •	•••	6
0.1							
Scle	rotic—						
	Anterior sclerotomy	• • •	• • •	• • •			3
	Anterior flap scleroton	nv	• • •				1
	Cruise sclerotomy	•••	•••	•••			1
	Diathermy	•••		•••	•••		45
	Flap sclerotomy	•••		•••			2
	Herbert's sclerotomy	•••			•••		4
	Lagrange sclerectomy		•••	•••			1
	Posterior sclerotomy						2
	Section of sclera	•••			•••		1
	Trephine		•••		•••	•••	33
	Trephine with comple	te iride	ectomy	•••	•••	•••	1
	Trephine with periphe	ral iric	lectomy	,	•••	•••	9
	riepinie with peripine		iccioning		•••	•••	
Ocu	lar Muscles						
Oin							
	Advancement and rece			•••	• • •	• • •	15
	Advancement and tend	otomy		• • •	•••		8
	Myectomy		•••	• • •	• • •	• • •	
	Recession	•••	•••	•••	•••	•••	16
	Recession and resection	n	•••	• • •	• • •	• • •	13
		•••	•••	•••	•••	• • •	2
	Tenotomy and resection	n	•••	•••	• • •		1
Tris	and Ciliary Body-						
4,,,,							,
	Abscission of iris prola	apse	• • •	•••	•••	•••	6
	Cyclodialysis		• • •	•••	•••	• • •	1
	Division of anterior sy	nechia	l e	•••	• • •	•••	4
	Iridectomy:	• • •	• • •	•••	•••	•••	1
	Glaucom		•••	•••	•••	• • •	12
	Keratomo	9	•••	•••	• • •	•••	2
	Optical	•••	• • •	•••	•••	•••	1
	Iridencleisis	•••	•••	•••	•••	•••	6
	Iridoplasty	•••	• • •	•••	• • •	•••	1
	Iridotomy	•••	•••	•••	•••	•••	3
	Iridotomy, Wheeler's	•••	•••	•••	•••	•••	3
	Iris inclusion	• • •		• • •	• • •	•••	1

Lens	- 1123274117					
	Capsulotomy					70
	Extraction, extracapsular	: Comp	lete iride	ectomy		4
	Zanozaou, omezaoupounut		eral irid			12
		Simple			•••	77
	Extraction, intracapsular		•••	•••		24
	Needling					2
	Transillumination					1
		• • • •	•••	• • • • • • • • • • • • • • • • • • • •	•	
Mic	cellaneous—					
141230						
	Application of trichlorace	tic acid	to secțic	n	•••	4
	Cautery to fistula	•••	•••	•••	• • •	1
	Conjunctival biopsy swab		• • •	•••	• • •	1
	Cyst of cheek, removal		• • •	•••	•••	• 1
	Examination under anaest		•••	•••	• • •	3
	Examination under cocair	ne	•••	• • •	•••	1
	Extraction of tooth root	•••	•••	• • •	• • •	1
	Injection of 90 per cent. a	lcohol	•••	٠		1
	Injection to facial nerve	•••	• • •		• • •	1
	Retrobulbar injection of a	lcohol	•••	•••	• • •	3
	Rodent ulcer		•••	• • •	•••	1
	Submucous resection		• • •	• • •		1
	Subconjunctival injection	of penic	illin and	mydric	caine	1
	Teeth, extraction	•••	•••	• • •	•••	1
Ğen	eral Anaesthetics—					
	Ethyl chloride	• • •	• • •		• • •	5
	Nitrous oxide	• • •	•••	• • •	• • •	23
	Gas, oxygen and ether			• • •	• • •	4
	Pentothal	• • •			•••	-88

WESTMINSTER BRANCH.

OPERATIONS PERFORMED IN THE IN-PATIENT THEATRE

Operation. Lids—				General Wards	Private Wards	Total
Abscess, incision		• • •		2		2
Biopsy		•••		1	1	2
Cyst, excision of	•••			2		2 2 4
Dermoid cyst, excision of	•••	• • •		3	1	4
Ectropion: Snellen's sutures	•••			1		1
Herbert's operation		• • •		1		1
Van Milligan's oper	ation			1		1
• Wheeler's operation				1	1	2
Entropion: cautery puncture	• • •		• • •		4	4
skin and muscle ope	eration			3	6	9
Fascial graft with plastic repair	• • •	• • •		1		1
Granuloma, excision of	•			1	1	2 2
Lacerated lids, sutured		•••		2		2
Meibomian cyst, incised and cure	etted	• • •		29	5	34
Papilloma: cautery	• • •	•••		3		3
excision	•••			5	2	7
Plastic repair	• • •			6	1	7
Ptosis: Blaskowicz's operation	• • •	• • •		11	1	12
Hess operation	• • •			1		1
skin excised	• • •			1		1
Rodent ulcer, excision of	• • •			1		1
Symblepharon, division of	• • •			2		2
Tarsorrhaphy				8	3	11
Trichiasis, electrolysis		• • •		3		3
Sclerotic—						
Corneo-scleral trephine				96	22	118
Detached Retina: diathermy	•••			33	3	36
diathermy an	d caute			15	1	16
diathermy an				4	12	16
cautery	• • •	•••		2		2
Flap sclerotomy	• • •			14		14
Posterior sclerotomy	• • •					
Preziosi's operation	• • •	• • •		4 2	_	4 2 1
Scleral resection with diathermy	•••	•••	•••	1		1
Sclerectomy	•••				1	1
•						
Conjunctiva—						
				1	2	3
Cauterising of conjunctival flap	•••	•••	• • •	1	1	1
	•••	•••	• • •	2		2
Cyst of conjunctiva, excised Granuloma, excision of	•••	•••	• • •	2 7	1	2 8 2 5
TZ 1 12 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1	• • •	•••	• • •		2	2
D. 11 .1	•••	•••	• • •	4	1	5
D 1 C	•••	•••	•••	3	2	5
Removal of sutures	•••	•••	•••	3	2	
Corneal—						
A.C. washout				2		2
Cataract section, cautery to	•••		•••	1		1
Dermoid cyst of limbus, excision		• • •	•••	2		2
Foreign body, removal of				4		2 4
Graft				1		i
31			•••			

		C) peratio	n			(General Wards	Private Wards	Tota
	Paracentes	sis					• • •	24	1	25
	Peritomy	•••	• • •	•••	•••	•••	•••	1		1
	Suture	•••	•••	•••	• • •	•••	•••	i		1
	Tattooing			•••	• • •	•••	•••	4•	1	5
	Vitreous a			n	• • •		• • •	1		1
	v iti cous z	idiresion,	GI V 1510	*1	•••	•••	•••	•		
Iris	and Ciliary	Body—								
	Anterior s Cyclodialy		divisio	on of		•••	•••	10 16	<u> </u>	10 17
	Iridectom			terno	•••			30	6	36
		broad			• • •			9	5	14
		optica						6	1	7
			ninary			•••		2	5	7
	Iridencleis		•••		•••			17	7	24
	Iridotomy							6	1	7
	Iris Prola							48	7	55
		caut							1	1
			sition					2	ī	3
	Vitreous ?					•••		$\bar{2}$		2
	, 121 00 00 .	z zozupos,		-0		•••				_
Len.										
	Capsuloto		•••	• • •	• • •	• • •	• • •	211	44	255
	Curette e	vacuation		• • •				14	. 1	15
	Discission	ı	•••	•••		•••		29	—	29
	Extraction	n, extracaj	psular,	simple		•••		147	61	208
		extraca	psular,	simple	bridge	;		15	5	20
		extraca	psular,	with pe	riphera	liridect	tomy	50	2	52
		extraca	psular,	with co:	mplete	iridecto	omy	40	6	46
	Extraction	n, intracaj	sular,	simple	•••			18	10	28
		intraca	osular,	with co	mplete	iridect	omy	21	5	26
		intracaj	osular,	with per	ciphera	liridect	omy	12	10	22
		intracaj					•••	1		1
	Linear ex	traction	•••	• • •		•••		2 2	_	2 3
	Vectis ext	traction		•••	• • •	•••		2	1	3
C1-	<i>I</i>									
Glo	be—									
	Excision	• • •	•••	• • •	• • •	•••	• • •	28	4	32
		glass ball			•••	• • •	• • •	13	2	15
		plastic ba	all inse	rted	•••	•••		4	2	6
	Eviscerat		• • •	• • •	•••	•••	• • •	6		6
	I.O.F.B.,	magnet e	xtractio	on	•••	•••	•••	16		16
		magnet n	egative	2	• • •	•••		13		13
		attempted	d remo	val	•••	•••		5		5
	Tonomet	ry	•••	• • •	•••	• • •			2	2
τ	1 1 D									
1_ac.	hrymal Pas. Capiculot		in					2	1	3
		comy, 3-sn	•	• • •	•••	• • •	•••	$\overset{2}{2}$	1	3
		stectomy		•••	•••	•••	•••	42	7	49
		storhinos			•••	•••	• • •	42	1	49
	Lachryma	al abscess,			•••	•••	• • •	Z	1	1
		gland, e			nour	•••	•••	1	1	$\frac{1}{2}$
		puncta,			•••	•••	•••	1	1	
		sac, pro		_	•••	•••	•••	9	8 5	17 14
		sac, syr	mgmg	OI	• • •	•••	• • •	y	3	14

Extra-Ocular Muscles-							
Advancement		•••	•••		6		6
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